

Mental Health Plan Consultation

Suggested content on infant mental health

The UK Government has published a discussion paper and call for evidence on what we can do to improve everyone's mental health and wellbeing.

The consultation can be found here <https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence>

It closes at 11:45 pm on 7 July 2022

We have written this guide to respond to the consultation for anyone with an interest in infant mental health. It sets out questions in the consultation and key messages, facts and statistics that you may want to use in your response.

Please can you:

- Respond to the consultation to ensure a strong case is made for action on infant mental health.
- Incorporate the arguments in this guide into your response, alongside your perspectives and insights.
- Let us know if you think anything is missing from this paper which should be contained in a consultation response. Please email sally@parentinfantfoundation.org.uk

Chapter 1: how can we all promote positive mental wellbeing?

1A. Question: How can we help people to improve their wellbeing?

Suggested points to make in your answer:

- Babies and toddlers are not able to take conscious actions to improve their mental health and wellbeing. But parents and caregivers can be supported to promote babies' wellbeing and development. This can be done by offering universal, targeted, and specialised interventions ranging from public health messaging to therapeutic services that:
 - Encourage and support parents to provide sensitive, nurturing care to their babies.
 - Help parents to reduce stressors that make it harder for them to respond to their babies' needs (for example, supporting parents with their own mental health challenges).

1B. Question: Do you have any suggestions for how we can improve the population's wellbeing?

Suggested points to make in your answer:

- **Taking action in pregnancy and the first years of life is critical to improving the population's wellbeing.** There is clear, compelling evidence that the first 1001 days, beginning in pregnancy, are a significant and influential phase in development. What happens during this period lays the foundation for every child's future health, wellbeing, learning and earnings potential.

- By **supporting early parent-infant relationships**, we can support healthy development and put children on a positive developmental trajectory, better able to take advantage of other opportunities that lie ahead. Supporting early relationships is therefore key to later wellbeing.
- Policies and local services play an important role in giving parents, caregivers and families the knowledge and resources to provide nurturing care to their babies. Mothers, fathers and other caregivers benefit from information, affirmation and encouragement. Some families need more support from services. It is vitally important that these families can receive the right support at the right time. So there must be targeted and specialist services available across the country – such as specialised parent-infant relationship teams – with a skilled workforce able to support families to strengthen and repair early relationships.
- Stress factors, such as – but not limited to – domestic abuse, mental illness, substance misuse, unresolved trauma and poverty can make it harder for parents to protect, support and promote young children’s development. Income-related inequalities in outcomes are both wide and deep. **Giving our population the best start in life involves a two-pronged approach: both tackling adversity – including poverty – and supporting early relationships.**

1C. Question: How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

Suggested points to make in your answer:

- Many different services work with families during the first 1001 days. Funding for these services goes from different government departments to different local commissioners. The landscape of service in maternity, mental health, early years, and children’s services is complex and fragmented. Funding comes to local systems through different funding streams, which can be inflexible and limit what is possible locally. Different partners can be required to report on different outcome measures and held to account in different ways. Tackling all of these challenges is important to facilitate integrated local working.
- Integrated local working would be supported by a **joined-up national vision and strategy** for babies, children and young people, which sets out **clear shared outcomes for the system**. It would be helpful to have a shared cross-government strategy which describes how different policies such as Start for Life, child protection reform, SEND reforms, supporting families agenda, mental health reforms and healthy child programme will work together.
- **Funding matters.** It is hard for local services to work together if they are not resourced properly. If services are struggling to deliver their core business it can be harder to reshape services with partners to meet local needs. When services are under pressure, there are fewer resources to enable staff to attend partnership meetings and forums. Professionals can retreat to organisational silos to deal with difficulties in their services and have less “headspace” to engage in joint work.
- Even an area with mature partnership working, may not be keeping the needs of the youngest children and families in mind. We sometimes see a “baby blindspot” in policy, strategy and service delivery. Government guidance, data collection etc must encourage local partnerships

such as ICSs to attend to the wellbeing of our youngest citizens and to bring together the right local services to do this important work.

Chapter 2: how can we all prevent the onset of mental ill-health?

2A. Question: What is the most important thing we need to address to reduce the number of people who experience mental ill-health?

Suggested points to make in your answer:

- **There is clear, compelling evidence that the first 1001 days, beginning in pregnancy, are a significant and influential phase in development.** What happens during this period lays the foundation for every child's future mental health and wellbeing.
- **Tackling adversity and ensuring that children have sensitive, nurturing care in pregnancy and the earliest years of life is critical to reducing mental illness in the population.**
- Early brain development lays the foundations for what happens next and influences a child's ability to take advantage of other developmental opportunities. Early skills and capacities shape how a child interacts with the world and how they respond to future experiences and opportunities. The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means that:
 - what happens in the earliest years of life can have a significant impact on a child's later outcomes.
 - it is much easier to influence a child's development and wellbeing if we intervene earlier in life.
 - later interventions are also more likely to have an impact if a child has had a good start early on.
 - early interactions with caregivers can have effects that last a lifetime.
- A range of studies have shown the link between what happens in the earliest years of life, and later mental health. These support the case for action in the first 1001 days in order to reduce the number of people experiencing mental health problems later. For example:
 - About two-thirds of the social inequality in adolescent mental health was explained by early risk factors measured by age 3, highlighting the importance of public health interventions in this period.ⁱ
 - In a recent published study by Kings College, children who were parented sensitively during early childhood cost 13 times less by the age of 12 years old than those who were not.ⁱⁱ
 - One study has shown that if a mother is in the 15% of the population with the worst anxiety and depression during pregnancy, this doubles the risk of her child having a mental disorder at 13 years of age.ⁱⁱⁱ

2B. Question: Do you have ideas for how employers can support and protect the mental health of their employees?

Suggested points to make in your answer:

- Parents are most able to provide the care that babies need when they have positive relationships, when they are emotionally, financially and socially secure, when they have

family-friendly employment, and when they are in families and communities that nurture them and attend to their needs. Employers can support parental and child mental health, through a range of things they do including their culture, expectations and, importantly, what they pay.

- Maternity and paternity policies are important for family wellbeing. Supportive maternity and paternity leave and pay policies, time off to attend health and care appointments, and access to flexible and part-time work all support parents in their parenting role and reduce financial stressors on families.
- Although the policy context is different, a study from America showed that paid maternity leave is associated with beneficial effects on the mental health of mothers and children, including a decrease in postpartum maternal depression and improved infant attachment and child development^{iv}. Other research has also shown that, controlling for income, that the length of maternity leave was directly linked to the quality of mother–child interactions and indirectly linked to attachment security^v.

2C. Question: What is the most important thing we need to address to prevent suicide?

Suggested points to make in your answer:

- This question is not specifically relevant to babies. However, we recognise maternal suicide remains the leading cause of direct deaths occurring within a year after the end of pregnancy^{vi}. Identification, assessment and support for mothers' mental health are critically important in preventing suicide. The MBBRACE reports have made important recommendations that can help to reduce maternal suicide, Government should support the timely adoption of these recommendations across the country.

Chapter 3: how can we all intervene earlier when people need support with their mental health?

3A. Question: Where would you prefer to get early support for your mental health if you were struggling?

Suggested points to make in your answer:

- The research suggests that family and friends, and health services, are important sources of support for parents. However, parents can struggle to seek help with their mental health or parenting because of worries about stigma or being labelled a "bad parent".
- Our research with parents in Wales has shown that informal routes to support are important to families who have concerns about their relationship with their baby. Most parents said they would first turn to friends or family for support with issues in their relationship with their baby, although many also said their first port of call would be their health visitor^{vii}.
- The same research also showed that wanted a parent-infant relationship service to be easily available, locally accessible, friendly, welcoming and non-judgemental, to actively include fathers and to provide parent-infant groups where they could access peer support.

- Research for the Royal Foundation found that, when asked where they would turn for information they can trust about bringing up their child, parents are most likely to mention their own parents (57%); their child's other parent (52%); and close friends (47%). Health-related sources are also highly trusted, with healthcare professionals mentioned by 42%; health visitors mentioned by 39%; and the NHS website mentioned by 38%^{viii}.
- The same research for the Royal Foundation found that parents with small networks are less likely to turn to friends and family, or to formal services for support with how they are feeling. For example, only 30% of those with a smaller network report that they would approach healthcare professionals for support with how they were feeling, compared with 43% of those with a larger support network.

3B. Question: What more can the NHS do to help people struggling with their mental health to access support early?

Suggested points to make in your answer:

- The NHS must ensure that there is a comprehensive 0-25 mental health system so that all babies, children and young people can access help if they are struggling with their mental health.
- The NHS must do more to close the gaps in mental health services for babies and very young children. As the Health Select Committee recognised, "*... We are also concerned that, despite the NHS Long Term Plan committing to improve access to specialist support for all children and young people aged 0–25, children below the age of three have largely been overlooked to date.*"^{ix}
- NHS England should support local systems to develop services such as specialised parent-infant relationship teams. It also involves ensuring there is a workforce strategy to develop a future workforce with the right skills and capacities to deliver this important work.
- The following statistics show current gaps in provision and workforce capacity:
 - In 2019, freedom of information requests found that children's mental health services in 42 per cent of NHS commissioning (CCG) areas in England would not accept referrals for children aged two and under^x.
 - In 2021, a survey of NHS CAMHS professionals found:
 - During their pre-qualification training, 26% of respondents had not been trained to work with 0–2-year-olds and 48% had not had experience working with this age group^{xi}.
 - Only 36% of respondents reported that, within children and young people's mental health services in their area, there are mental health services that can work effectively with babies and toddlers aged 0-2.
 - Only 9% of respondents felt there was "sufficient provision available for babies and toddlers whose mental health was at risk" in their area.

- In addition to NHS mental health services, Government must also attend to the workforce capacity and service sufficiency in other universal and targeted services that support mental health, such as health visiting.
- Early relationships and babies' emotional wellbeing are still not well understood and accepted as a key part of the work of universal services in the perinatal period. In addition, many practitioners working in universal services have not had the training to:
 - Understand the central importance of the parent-infant relationship for lifelong outcomes
 - Identify which parent-infant relationships are under strain and be able to access specialised consultation about what to do next.
- Recent research reported that health visitors feel they do not have the time to assess parent-child interaction and lack confidence in the area of parent-infant relationships and mental health due to poor or insufficient training^{xii}.
- Many midwives and health visitors do not receive pre-qualification training in assessing early relationships and infant mental health. Nearly all areas of England now have perinatal mental health services, which can support local midwives and health visitors to understand and assess emotional wellbeing. However most areas of the country do not yet have specialised parent-infant relationship provision, so midwives and health visitors do not receive the same support and encouragement to assess early relationships or address any concerns. Specialised parent-infant relationship teams can provide supervision, consultation and training to the wider workforce.

3C. Question: Do you have any suggestions for how the rest of society can better identify and respond to signs of mental ill-health?

Suggested points to make in your answer:

- If more people can understand, and be attuned to, babies' cues and communications that will help to recognise and respond to signs of stress and distress in our youngest children.

3D. Question: How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

Suggested points to make in your answer:

- A truly 0-25 mental health service, including specialised parent-infant relationship teams, is needed if we are to ensure every baby who is experiencing significant stress, distress and relational trauma can get the support they need.
- Specialised parent-infant relationship teams are multi-disciplinary teams which can, locally, be known by a range of different names. These parent-infant teams are led by mental health professionals such as psychotherapists or psychologists with expertise in working with babies and their families. They offer families experiencing severe, complex and/or enduring difficulties a tailored package of therapeutic support to strengthen and repair early relationships. They

are also expert advisors and champions for all parent-infant relationships, offering training, consultation and supervision to other professionals in health and children's services.

- Universal and targeted services, such as health visiting services, maternity services, and the voluntary sector also play an important role in identifying families who are struggling and where early relationships are at risk, and ensuring that they get the support they need.
- The Government needs a well-resourced workforce strategy which includes a plan for improving infant mental competencies across the health and care workforce, so that professionals can all play their role in protecting and promoting infant mental health.
- Government must resource health visiting services properly and hold local authorities to account for delivering services that meet Government guidelines.

Chapter 4: how can we improve the quality and effectiveness of treatment for mental health conditions?

4A. Question: What needs to happen to ensure the best care and treatment is more widely available within the NHS?

Suggested points to make in your answer:

- The Government needs to ensure we have a truly 0-25 mental health service, with appropriate care for all babies, children and young people who need it. This should include the provision of specialised parent-infant relationship teams to support the mental health of babies and toddlers.
- NHS England should set out clear expectations for what mental health services should exist in all local areas for babies and young children and should support local commissioners to establish new parent-infant provision where there are gaps. NHS England should also hold commissioners to account for ensuring that there are sufficient, appropriate services in their area.
- As referenced above, there are currently gaps in workforce competencies relating to infant mental health. A workforce strategy – supported by sufficient resource - is required to ensure that gaps in the workforce are filled. This should include recruitment and training of sufficient skilled staff for new parent-infant services across England, and a programme of ongoing development for the current workforce.

4B. Question: What is the NHS currently doing well and should continue to support people with their mental health?

Suggested points to make in your answer:

- There are currently many examples where the NHS is providing services that meet the needs of babies and very young children and their families. One example of this is Greater Manchester perinatal and parent-infant mental health model, which exists across the entire region ensuring the provision and integrated working of: Specialist Perinatal Community Mental Health Services; Parent-Infant Mental Health Services (also known as specialised

parent-infant relationship teams) Adult IAPT parent-infant mental health services and volunteer peer support. You can read more about the model [here](#).

4C. Question: What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

Suggested points to make in your answer:

- Mental health service data should be disaggregated by age so we can see how babies and young children and their families are using and benefiting from services.
- The NHS should facilitate information sharing and common data collection across different services working with babies and young children, including maternity, mental health, health visiting and children's services. We support the development of a single identifier for children across health and education to facilitate information sharing.
- During contacts with families in the perinatal period, professionals can observe interactions between parents and their babies; discuss with parents their feelings about their babies and observe their level of attunement. All health and care professionals working in the perinatal period should be trained to do this, and observations should be captured. It would also be helpful for there to be more consistent use of assessment tools such as MORS to assess the quality of parent-infant relationships and collect some population data on relationship quality.
- Local commissioners and managers need to consider how practitioners are trained to observe or assess early relationships; what tools they should use, and how population-level data should be captured and used to drive service development
- Although there is evidence of the impact of parent-infant relationship interventions, it would be useful for future research to deepen our understanding of which interventions work best for which families.

4D. Question: What should inpatient mental health care look like in 10 years' time, and what needs to change in order to realise that vision?

Suggested points to make in your answer:

- This question is not specifically relevant to babies, but it is important that all mothers who receive in-patient mental health care are offered a place in a Mother and Baby unit so they can maintain their relationship with their babies. The support offered in Mother and Baby Units should include high-quality parent-infant relationship support from trained, skilled professionals.

Chapter 5: how can we all support people living with mental health conditions to live well?

5A. Question: What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions?

This question is not specifically relevant to babies.

5B. Question: What things have the biggest influence on your mental health and influence your quality of life?

Suggested points to make in your answer:

- Parent-infant relationships in the first years of life can have significant impacts on mental health across the life-course. Young babies need sensitive, responsive care from at least one adult in order to thrive.
- There is clear evidence that what happens in the first 1001 days has a significant impact on lifelong health. The brain grows more rapidly during pregnancy and the earliest years of life than at any other time in our lives. This growth is affected by our environments, and the interactions we have with our parents or caregivers.
- The brain is particularly “plastic” and susceptible to influences in the earliest years of life, so experiences in pregnancy and the earliest years can have a greater impact on its development and function. Early development lays the foundations for what happens next, so experiences in early life can have potentially widespread and long-term consequences.
- Early relationships have a significant impact on emotional development and later mental health: Parents’ responses shape how babies experience their emotions and how they learn to regulate and express these emotions. Early relationships also set a template for how babies begin to think about themselves and others.

5C. Question: What more can we do to improve the physical health of people living with mental health conditions?

Suggested points to make in your answer:

- For babies and young children, physical and mental health are inextricably linked. Supporting early experiences – and specifically early parent-infant relationships – therefore has benefits for physical health too. Early experiences affect both the developing brain and other systems in the body, including immune responses and metabolic regulation. Experiencing persistently adverse environments very early in childhood may produce chronic inflammatory conditions that can last for a lifetime, including heart disease, diabetes, depression, arthritis, gastrointestinal disorders, autoimmune diseases, multiple types of cancer, and dementia, among many others. Therefore reducing adversity and strengthening parent-infant relationships early in life is critical for both physical and mental health^{xiii}.

5D. Question: How can we support sectors to work together to improve the quality of life of people living with mental health conditions?

Suggested points to make in your answer:

- In part 1, question C, we discuss some of the challenges and opportunities in integrated working.
- It is important that the Government adopts a “think family” approach and considers the quality of life not only of people living with mental health conditions but also of their family members and children who may also be affected by these conditions.
- Adults living with mental health conditions should be able to access good advice and support pre-conception, during pregnancy and postnatally about how their mental health condition

and its treatment might be affected by pregnancy and parenthood, and how they can prevent or overcome any potential challenges.

5E. Question: What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support? This includes people in contact with the criminal justice system.

Suggested points to make in your answer:

- It is important that the Government adopts a "think family" approach and considers how to support people with co-occurring problems during pregnancy and the perinatal period so that they and their babies get timely, appropriate and effective help and support.

Chapter 6: how can we all improve support for people in crisis?

6A. Question: What can we do to improve the immediate help available to people in crisis?

Suggested points to make in your answer:

- This question is not directly applicable to babies. However, the Government must adopt a "think family" approach when planning crisis care. This means considering that people in crisis may be pregnant or have children whose needs must be taken into account in the planning and delivery of their care.

6B. Question: How can we improve the support offer for people after they experience a mental health crisis?

Suggested points to make in your answer:

- This question is not directly applicable to babies. However, the Government must adopt a "think family" approach when planning crisis care. This means considering that people in crisis may be pregnant or have children whose needs must be taken into account in the planning and delivery of their care.

Question: What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?

Suggested points to make in your answer:

- Adopting the "think family" approach set out above would require adult mental health services to work with other local services – including those that can support parents and their babies – to support all members of a family affected by a mental health crisis. National government could support this by setting out clear principles to guide the planning of local services, and by sharing examples of good practice.

Next steps and implementation

Question: a) What do you think are the most important issues that a new, 10-year national mental health plan needs to address? B) Please explain your choice.

- wellbeing and health promotion
- prevention
- early intervention and service access
- treatment quality and safety
- quality of life for those living with mental health conditions
- crisis care and support
- stigma
- other – please specify

Suggested points to make in your answer:

- Prevention and early intervention are always better for families, and for services. As the old saying goes, "it's easier to build strong children than to repair broken men". The evidence about early intervention shows us that:
 - what happens in the earliest years of life can have a significant impact on a child's later outcomes.
 - it is much easier to influence a child's development and wellbeing if we intervene earlier in life.
 - later interventions are also more likely to have an impact if a child has had a good start early on.
 - early interactions with caregivers can have effects that last a lifetime.
- It can be difficult to categorise interventions as early intervention or prevention, especially due to the intergenerational nature of mental health problems. Good crisis care for a new mother, for example, is also a preventative service for her baby. Specialised parent-infant relationship services are specialist mental health services, but they also prevent early relationship problems from escalating and having long-term impacts on babies' development.

Question: What 'values' or 'principles' should underpin the plan as a whole?

Suggested points to make in your answer:

- There should be an ambition for a mental health service that spans from pre-conception to the end of life: catering for the different mental health needs of people across the life course and also appreciating the intergenerational nature of mental health problems.
- Prevention and early intervention must have parity of esteem with acute care within the NHS. We need services that can protect and promote mental health in the NHS, not just services that deal with diagnosable mental illness.
- Mental health services must not only work with individuals, but also be able to work with partners, children, families and relationships as we know this is often required to address the causes of mental health challenges and/or to secure sustained improvements in mental health. There must be specialised parent-infant relationship teams to support the mental health of babies and young children.
- Mental health should not be looked at in isolation, but in combination with our other outcomes. We need a joined-up cross-government vision and strategy for babies, children and young people which sets out clear shared outcomes for the system and describes how

different policies such as mental health, Start for Life, child protection reform, SEND and schools etc will work together.

- The new mental health plan must be clear HOW ambitions will be delivered. It should set out how Government will deliver on existing and new commitments. It must contain clear plans for addressing issues such as funding and workforce. It must be supported by a clear implementation plan, with clear accountability. There should be a cross-government programme board to oversee delivery of key milestones.

Question: How can we support local systems to develop and implement effective mental health plans for their local populations?

Suggested points to make in your answer:

- Many different services work with families during the first 1001 days. Funding for these services goes from different Government departments to different local commissioners. The landscape of service in maternity, mental health, early years, and children's services is complex and fragmented. Funding comes to local systems through different funding streams, which can be inflexible and limit what is possible locally. Different partners can be required to report on different outcomes measures and held to account in different ways. Tackling all of these challenges is important to facilitate integrated local working.
- Integrated local working would be supported by a joined-up national vision and strategy for babies, children and young people, which sets out clear shared outcomes for the system. It would be helpful to have a shared cross-government strategy which describes how different policies such as Start for Life, child protection reform, SEND reforms, supporting families agenda, mental health reforms and healthy child programme etc. will work together.
- Funding matters. It is hard for local services to work together if they are not resourced properly. If services are struggling to deliver their core business it can be harder to reshape services with partners to meet local needs. When services are under pressure, there is less resource to enable staff to attend partnership meetings and forums. Professionals can retreat to organisational silos to deal with difficulties in their own services and have less "headspace" to engage in joint work.
- Even if a local area has mature partnership working, they may not be keeping the needs of the youngest children and families in mind. Particular attention must be – in guidance, data collection etc – to avoid a "baby blindspot" and to ensure that local partnerships attend to the wellbeing of our youngest citizens, and that partnerships bring together the right local services to do this important work.

Question: How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

Suggested points to make in your answer:

- Data should be disaggregated by age so we can understand if there is accessible, appropriate and effective support for babies, children, young people and adults of all ages.

- Government should review the information collected about the wellbeing of parents and babies, and look at whether new measures can be adopted or designed to ensure we capture data on babies' social and emotional wellbeing and development.
- Government should look at how there can be consistent adoption of outcome measures across different policy areas – for example, in the health child programme, mental health services, supporting families and early education services.

ⁱ Straatmann VS, Lai E, Lange T, *et al* How do early-life factors explain social inequalities in adolescent mental health? Findings from the UK Millennium Cohort Study *J Epidemiol Community Health* 2019;73:1049-1060.

ⁱⁱ Bachmann, C. J., Beecham, J., O'Connor, T. G., Briskman, J., & Scott, S. (2021). A good investment: longer-term cost savings of sensitive parenting in childhood. *Journal of child psychology and psychiatry*.

ⁱⁱⁱ O'Donnell, K. J., Glover, V., Barker, E. D., & O'Connor, T. G. (2014). The persisting effect of maternal mood in pregnancy on childhood psychopathology. *Development and psychopathology*, 26(2), 393-403.

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^v Plotka, R., Busch-Rossnagel, N.A. The role of length of maternity leave in supporting mother–child interactions and attachment security among American mothers and their infants. *ICEP* 12, 2 (2018). <https://doi.org/10.1186/s40723-018-0041-6>

^{vi} Knight M, Bunch K, Tuffnell D, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. *Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19*. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021.

^{vii} Bateson, K. Sercome, M and Harrison, W. (2022) *Securing Healthy Lives: An extended summary of research about parent-infant relationship help and support across Cwm Taf Morgannwg*. Parent-Infant Foundation

^{viii} Royal Foundation (2020) *State Of The Nation: Understanding Public Attitudes To The Early Years*

^{ix} House of Commons Health and Social Care Committee, (2021) *Children and young people's mental health: Eighth Report of Session 2021–22*

^x Hogg, S. (2019) *Rare Jewels: Specialised Parent-Infant Relationship Teams in the UK*. PIP-UK

^{xi} Parent-Infant Foundation (2021) *Where are the infants in children and young people's mental health? Findings from a survey of mental health professionals*

^{xii} Barlow, J. (2022). *Specialist Health Visitors in Perinatal and Infant Mental Health*.

^{xiii} National Scientific Council on the Developing Child (2020). *Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined Working Paper No. 15*. Retrieved from www.developingchild.harvard.edu.